Under the Paperwork Reduction Act of 1995. O P E FRANSMITTAL DEC 1 2 2005 FORM (to be used of all correspondence after initial formation of Pages in This Submission 4	no persons are required to respond to a Application Number Filing Date First Named Inventor Art Unit Examiner Name	collection of inf 10/056,36 01/25/200 Johannes 2653 Kim Kwok	rademark Office; formation unless if 6 2 M. M. Verbakel Chu	PTO/SB/21 (09-04) e through 07/31/2006. OMB 0651-0031 U.S. DEPARTMENT OF COMMERCE t displays a valid OMB control number		
	ENCLOSURES (Check	all that apply	/)			
✓ Fee Transmittal Form ✓ Fee Attached △ Amendment/Reply △ After Final △ After Final △ Affidavits/declaration(s) ✓ Extension of Time Request Express Abandonment Request Information Disclosure Statement ○ Certified Copy of Priority Document(s) ○ Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	 Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondend Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Remarks 	cD	Apper of App Apper (Apper Propr Status Other below	, 		
SIGNAT	TURE OF APPLICANT, AT	ORNEY, C	OR AGENT			
Firm Name LEIMBACH ASSOCIATES Signature Printed name James D. Leimbach	but					
Date December 8, 2005	·	Reg. No.	34,374	4		
I hereby certify that this correspondence is be sufficient postage as first class mail in an env the date shown below: Signature	ERTIFICATE OF TRANSMIS eing facsimile transmitted to the US elope addressed to: Commissioner	PTO or depos	ited with the Ur	nited States Postal Service with Alexandria, VA 22313-1450 on		
Typed or printed name James D. Leimba	ich	·····	Date	December 8, 2005		

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.				U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMME espond to a collection of information unless it displays a valid OMB control nu Complete if Known					
			_	Application Num	nber 10/	056,366			
	KAN S	SMITTA		Filing Date	01/	25/2002			
Fa	r FY 2	005		First Named Inv	entor Joh	annes M. M.	Verbakel		
				Examiner Name	Kin	n Kwok Chu			
Applicant claims sma	Il entity statu:	5. See 37 CFR 1.27		Art Unit	265	53			
TOTAL AMOUNT OF PAN	MENT (\$	620.00		Attorney Docket	No. PH	Q 98017A			
METHOD OF PAYMEN	IT (check al	l that apply)					· · · · · · ·		
			7						
Check Credit									
Deposit Account				-					
For the above-iden	tified deposit	account, the Director	r is here	by authorized to	: (check all t	hat apply)			
Charge fee(s	s) indicated b	elow		Charg	e fee(s) indi	cated below, e	xcept for the filing fee		
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under 37 CF WARNING: Information on th	R 1.16 and 1 is form may b	.17 ecome public. Credit c	ard info		• •	-	Provide credit card		
information and authorization	n on PTO-2038	l.							
FEE CALCULATION									
1. BASIC FILING, SEA									
	FILING	FEES Small Entity	SEAR	CH FEES Small Entity		ATION FEES Small Entity			
Application Type	<u>Fee (\$)</u>		<u>Fee (\$)</u>		<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FE	ES		•	Ū	-	·	Small Entity		
Fee Description						<u>Fee (\$)</u>	Fee (\$)		
Each claim over 20 (including Reissues)						50 200	25 100		
Each independent claim over 3 (including Reissues) Multiple dependent claims						360	180		
Total Claims	Extra Clai	ms <u>Fee (\$)</u>	Fee	Paid (\$)			ependent Claims		
20 or HP =		x:	*			Fee (\$)	Fee Paid (\$)		
HP = highest number of tota Indep. Claims	al claims paid f Extra Clai	· •	Fee	Paid (\$)					
3 or HP =		×=	-						
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3. APPLICATION SIZE	FEE d drawings	exceed 100 sheets	ofpap	er (excluding e	electronical	lly filed seau	ence or computer		
It the specification and							r each additional 50		
	hereof. See	35 U.S.C. 41(a)	1)(G) a	nd 37 CFR 1.1	6(s).		_		
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